



PATIENT INFORMATION

Cataract Surgery

Restoring the clarity a cataract takes away

To achieve the immeasurable, you must measure everything.

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How to use this leaflet

This leaflet is the first stage of your informed consent journey. It is written to be read before your in-person consultation and diagnostic testing, whether or not you have booked one yet, so that you come to that appointment already familiar with the options, the risks and the costs. Read it on screen or print it, and note down anything you want explained further.

About This Leaflet

This leaflet is for patients who have been told they have a cataract, or who think they may have one, and are considering surgery.

A full in-person consultation will follow, along with thorough diagnostic testing. You will then receive a letter summarising the points discussed at that consultation, and an informed consent document accompanying it. This leaflet, that letter and that consent document together form part of your informed consent journey. No single one of them stands alone, and none of them replaces the conversation you will have with your surgeon.

Cataract surgery is different from most operations in one important respect. Almost nobody needs it urgently. A cataract usually develops slowly over years, and in most cases you can take as long as you like to decide. That time is yours, and we will not rush you.

The General Medical Council requires that the surgeon who will perform your operation is the person who discusses it with you and obtains your consent, and that you are given the information you need to make the decision that is right for you.¹ At Blue Fin Vision®, Mr Mfazo Hove personally performs your assessment, your surgery and your follow-up.

How to use this leaflet

Read it before your consultation, whether or not you have booked one yet, so that you arrive already familiar with the options, the risks and the costs. It is designed to be used alongside the Blue Fin Vision® Cataract Surgery Checklist, which turns this content into practical questions: [**Cataract Surgery Checklist**](#).

What Is a Cataract?

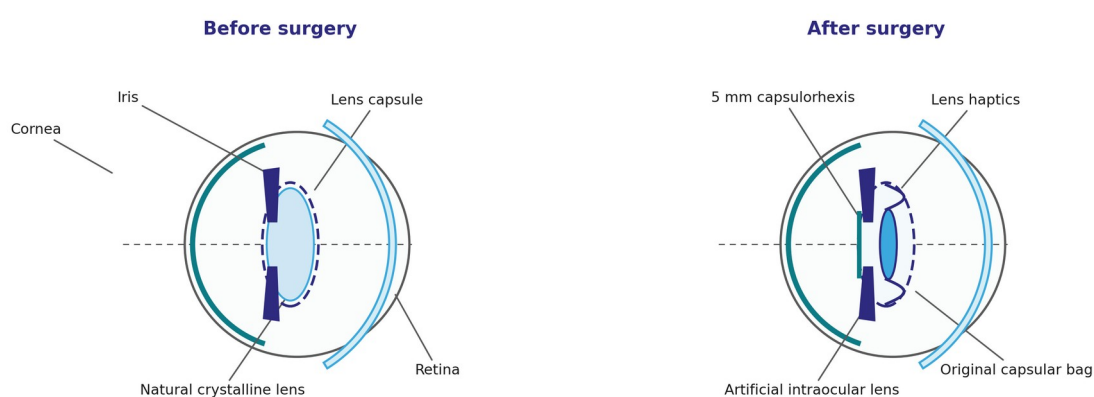
Inside your eye, just behind the pupil, sits a clear natural lens about the size of a small lentil. It does roughly a third of your eye's focusing work. As we age it gradually becomes less clear. When it becomes cloudy enough to make your vision hazy, it is called a cataract.

A cataract is not a growth, a film over the eye, or anything that can be peeled off. It is the lens itself becoming misty. It cannot be reversed with drops, exercises or diet, and no medication slows it. The only treatment is surgery to replace the lens.

What you may notice

- Vision that has become gradually hazy, dim or washed out, as though looking through a smeared window.
- Glare and halos around headlights, making night driving uncomfortable or frightening.
- Colours looking faded or yellowed, often only obvious once one eye has been treated.
- Needing more light to read, and finding your glasses prescription changing more often than it used to.
- Double vision or ghosting in one eye that does not go away when you cover the other.

Figure: Cataract surgery



Your cloudy natural lens is removed through a circular opening approximately 5 mm in diameter in the front of the capsule (capsulorhexis). The artificial lens unfolds inside your own capsular bag, where it is held securely in position by the capsule itself for the rest of your life.

Cataracts do not come back

Once your natural lens has been replaced, a cataract cannot form again. The membrane holding the new lens can become cloudy years later, which is a different and easily treated problem described later in this leaflet.

When Should I Have Surgery?

This is the question patients most often get a poor answer to, so it is worth being precise.

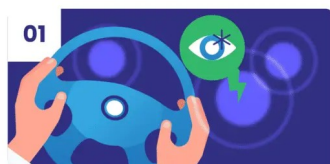
There is no particular level of vision at which surgery becomes necessary. National guidance is explicit that access to cataract surgery should not be restricted on the basis of visual acuity alone.² What matters is whether the cataract is interfering with the things you actually want to do.

Reasons to proceed

- Your vision no longer meets the legal standard for driving, or night driving has become uncomfortable.
- Reading, screens, hobbies or work have become harder than they should be.
- You have stopped doing things, or stopped going out after dark, because of your sight.
- Your optometrist can no longer improve your vision with a change of glasses.
- Your cataract is making it difficult to monitor another eye condition, such as glaucoma or diabetic retinopathy.

Figure: Signs that may indicate it is time to consider cataract surgery

7 SIGNS YOU MAY NEED CATARACT SURGERY



Night Vision Safety Concerns

Struggling to drive after dark, seeing halos around lights, or avoiding night driving altogether. Research shows 55% of drivers over 65 experience distracting glare from cataracts.



Reading Difficulties Despite Glasses

Even your strongest reading glasses can't help you see text clearly. You feel like you're looking through a dirty window despite wearing the correct prescription.



Frequent Prescription Changes Don't Help

Regular visits to the optician for stronger glasses that fail to improve vision. When optical correction stops working, surgery becomes the logical next step.



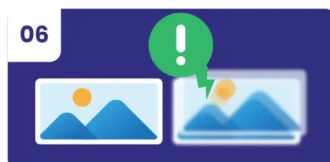
Colours Appear Dull or Yellowish

The world loses vibrancy; colours look washed out or take on a yellow tinge. Many patients are amazed by how bright everything appears after surgery.



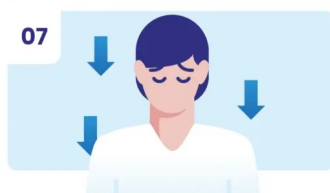
Light Sensitivity Affects Daily Life

Bright sunlight becomes uncomfortable, indoor lighting seems harsh. You find yourself avoiding well-lit areas or constantly reaching for sunglasses indoors.



Double Vision in One Eye

Seeing two images even when covering one eye indicates cataracts are significantly affecting light transmission through your lens.



Loss of Independence and Confidence

Difficulty navigating stairs, trouble recognising faces, or losing confidence in familiar environments. NHS criteria recognise surgery when cataracts impact daily living.

Don't let cataracts limit your life.

Book your comprehensive assessment with Blue Fin Vision® today.

Restore your clear, bright vision and regain your independence.

bluefinvision.com

Reasons to wait

If your vision is not troubling you, waiting is perfectly reasonable and carries no penalty for most patients. Cataracts do not damage the eye by being left alone. We will tell you plainly if we think you would gain little from surgery now.

There are two exceptions we will discuss with you if they apply. A cataract left until it is very dense makes surgery more difficult and slightly riskier. And in a small number of eyes with a shallow drainage angle, the swelling lens can raise pressure inside the eye, in which case earlier surgery is genuinely advisable.

What surgery can and cannot do

Cataract surgery restores the clarity the cataract took away. It cannot improve vision that is limited by something else, such as macular degeneration, glaucoma damage or diabetic changes at the back of the eye. We scan your macula before surgery precisely so that we can tell you, honestly, how much of your vision the cataract is responsible for.

The benefit is not only about reading a chart

A randomised trial of women over 70 found that first eye cataract surgery reduced the rate of falling by 34 per cent and improved confidence, activity and general health.³ A second trial by the same group found a further reduction after second eye surgery.⁴ Vision is about how you live, not the letters you can read.

Your Alternatives

Waiting

Entirely reasonable if your vision is not limiting you. Your optometrist can continue to monitor it and update your glasses. Come back to us when it starts to matter.

Stronger glasses and more light

In the earlier stages, a new prescription, brighter task lighting and anti-glare lenses genuinely help. There comes a point where they stop working, because the problem is inside the eye rather than in front of it.

NHS cataract surgery

Cataract surgery is available on the NHS and is very good. The differences are practical rather than clinical in kind: waiting time, whether you know in advance who will operate on you, whether you can choose a premium lens, and how aftercare is arranged. You should feel no pressure to go private, and we will say so if we think the NHS pathway suits you perfectly well.

Private cataract surgery

Suits patients who want a named consultant performing every stage, a chosen date, a wider range of lenses, and continuity of aftercare with the person who operated. Many patients are covered by private medical insurance for the surgery itself.

How we decide

We compare the options against your measurements, your eye health and how you actually use your vision. If surgery is not the right answer for you now, that is what we will tell you.

Choosing Your Lens

Your cataract is removed and a permanent artificial lens, called an intraocular lens, takes its place. Its focusing power is calculated for your eye, so your glasses prescription is partly built into the implant. Blue Fin Vision® implants ZEISS lenses exclusively, which means our surgical planning, our calculation formulas and our outcome data all refer to the same lens family.

Figure: Intraocular lens options at a glance

 Expected visual outcomes with main lens types used for cataract and refractive lens exchange				
IOL Lens Type	Expected visual outcomes			Important Notes
	DISTANCE (Driving, cinema, etc)	INTERMEDIATE (Computer, labels, etc)	NEAR (Reading)	
 Standard monofocal	✓	✗	✗	
Premium monofocal	✓	Possibly	✗	Extended range monofocals offer better vision than standard lenses, but less than EDOF. They may improve intermediate sight for some patients. Glare and halos occur in all patients who receive any form of premium lenses.
Extended Depth of Focus (EDOF)	✓	✓	Possibly	These lenses provide less near vision than Trifocals. Most users see well up close but might need glasses for fine print text. Glare and halos occur in all patients who receive any form of premium lenses.
Trifocal	✓	✓	✓	Glare and halos occur in all patients who receive any form of premium lenses.
All the above lenses are available in a toric version to treat any astigmatism if required Expert eye care at bluefinvision.com				

A summary of the lens categories described below. Your surgeon will recommend the type best suited to your eye, your measurements and how you use your vision.

There are four categories, with toric versions of each to correct astigmatism.

Monofocal

One clear focal point, usually set for distance. Excellent contrast and the fewest optical side effects. You will need reading glasses. This is the standard lens in NHS and insured cataract surgery, and it is the right choice for many patients, particularly if your eye health is not perfect.

Enhanced monofocal

A monofocal lens with a slightly extended range, giving useful vision at arm's length for a computer screen or a car dashboard, with side effects close to those of a standard monofocal.

Extended depth of focus

These lenses stretch one elongated zone of focus rather than creating separate focal points, giving a smooth range from distance through intermediate with noticeably fewer halos than a trifocal. Most patients still use glasses for small print.

European guidance recommends this design for patients who particularly want good intermediate vision with less glare than a multifocal lens.⁵

Trifocal

Three focal points, giving distance, intermediate and near vision, and the greatest freedom from glasses. In a network meta-analysis of 28 randomised controlled trials covering 2465 patients, trifocal lenses ranked highest of all lens types for spectacle independence.⁶ The trade-off is real: they produce more halos and starbursts around lights at night than monofocal lenses.⁷ Most patients adapt over three to six months. A small number never fully do.

Blended vision

One eye set slightly more for distance and the other slightly more for near, using monofocal or enhanced monofocal lenses. The brain combines the two to extend the useful range. Less freedom from glasses than a trifocal, but with very little optical compromise, and a good middle path if you do a lot of night driving.

A note on premium lenses

A premium lens is a choice, not an upgrade in safety or in the quality of your surgery. The operation, the surgeon and the care are identical whichever lens you choose. We will tell you if your eye is not well suited to a multifocal lens, and we do so regularly.

Measuring Your Eyes

The largest cause of disappointment after cataract surgery is not surgical technique. It is the lens power. Once the lens is in the eye, an error of measurement becomes an error of vision.

Blue Fin Vision® therefore uses a double biometry protocol as standard. Your eye is measured on more than one instrument, and the results must agree before we proceed.

- Optical and swept-source biometry to measure the length and curvature of the eye.
- Multiple calculation formulas compared against each other, supported by our own outcome dataset.
- Swept-source OCT scanning of the macula, because a lens cannot correct a retinal problem.
- Corneal topography, and specialised formulas if you have had previous laser eye surgery.
- B-scan ultrasound where a cataract is too dense to measure optically.

If two measurements disagree, we repeat them. If they continue to disagree, we do not operate that day. Benchmarking outcomes against registry data in this way is the approach recommended in European evidence-based guidance for lens surgery.⁸

Why we do not use a femtosecond laser

Some clinics charge extra for femtosecond laser assistance. Blue Fin Vision® does not use it, and you should understand why.

Two large randomised controlled trials have compared laser-assisted cataract surgery against standard ultrasound surgery. The UK FACT trial concluded the laser was not superior and that the evidence did not justify the additional cost.⁹ The French FEMCAT trial reached the same conclusion.¹⁰ National guidance recommends that femtosecond laser-assisted cataract surgery is used only within a randomised controlled trial.²

Our position

We do not charge you for technology that has been tested and found not to improve your vision. If that changes and the evidence supports it, we will adopt it and tell you why.

Both Eyes On The Same Day

Blue Fin Vision® has performed same-day bilateral cataract surgery as routine practice since November 2016. This is called immediate sequential bilateral cataract surgery. The two eyes are treated as two entirely separate operations performed one after the other, with completely separate instruments, separate gowning, separate drapes and separate lens batches. Nothing crosses between them.

Why we do it this way

- You recover balanced vision immediately instead of spending weeks with a large difference between your two eyes.
- Your brain adapts to a new lens design in both eyes at once, which shortens the adaptation period.
- One anaesthetic episode, one recovery period, one set of travel arrangements.
- Fewer separate exposures to a hospital environment, which matters more the frailer you are.

Is it safe?

The concern has always been a serious infection affecting both eyes at once. This has been studied on a very large scale. A Swedish national registry study analysed 1 457 172 operations, including 92 238 same-day bilateral procedures, and found no increased risk of postoperative infection.¹¹ A separate analysis of the American IRIS Registry reached the same conclusion.¹² A randomised Finnish trial found no meaningful difference in outcomes compared with operating on separate days.¹³ European guidance states that same-day bilateral surgery is effective and safe, with a high degree of patient satisfaction, in patients without complicating eye conditions.⁵

National guidance recommends that same-day bilateral surgery is considered for patients at low risk of complications.² Despite this, UK uptake remains very low. National audit data show that only just over one per cent of previously unoperated patients in the United Kingdom had both eyes treated on the same day in the most recent audit year, and that provision here lags well behind comparable healthcare systems.¹⁴ Where it is offered properly, most eligible patients choose it.¹⁵

The condition that governs it

Same-day bilateral surgery rests on a single rule. The second eye proceeds only if the first operation has been entirely uncomplicated. If anything at all is not straightforward, the second eye does not go ahead that day. That is a clinical decision made in theatre, not a scheduling one, and it is not open to negotiation.

If that happens, your second eye is postponed or cancelled. Should you then choose not to proceed with it, the fee for the eye that was not operated on is returned to you in full. Since November 2016 this has arisen once. The reason was an

anaesthetic issue rather than a surgical one, and that patient had her second eye treated a week later.

What you give up

National guidance requires that you understand the trade-off, and it is a genuine one.² If both eyes are done on the same day, we cannot use the result of the first eye to adjust the lens choice for the second, or to let you decide whether you like the lens design before committing the second eye. If a complication occurs during surgery, both eyes are affected the same day.

It is always your choice

You may have one eye at a time if you prefer, and some patients do. We will support that decision without argument and without trying to talk you out of it.

On The Day Of Surgery

You may eat and drink normally and take your usual medication, including blood thinners unless we have told you otherwise. Allow around half a day at the hospital. You will not be able to drive home, so please arrange transport.

Anaesthetic

The operation is performed with anaesthetic eye drops. Your eye is numb. You are awake, comfortable and able to hear and speak to us throughout. Many patients are surprised by how undramatic it is.

If you would like help to feel more relaxed, you have two options.

- A diazepam tablet before surgery, offered to every patient who wants it at no extra cost.
- Intravenous sedation, given and monitored by a consultant anaesthetist. This is a paid optional extra, charged once per surgical session, so the fee is the same whether one eye or both are treated that day.

The operation itself

Your eyelids are held gently open, so you cannot blink at the wrong moment. You will see bright light and movement but no instruments and nothing alarming. Mr Mfazo Hove will talk you through each stage.

- Two very small self-sealing openings are made at the edge of the cornea. No stitches are needed.
- A precise circular opening is made in the thin membrane surrounding the cataract.
- The cataract is softened with fine ultrasound energy and gently removed.

- The new lens is folded, injected through the small opening and positioned inside the natural lens capsule.
- The eye is refilled with fluid and antibiotic, and the openings seal themselves.

Antibiotic delivered directly inside the eye at the end of surgery is the single most effective measure against infection. A randomised trial across nine European countries, stopped early because the benefit was so clear, found it reduced the risk of infection inside the eye approximately fivefold.¹⁶¹⁷ It is used in every Blue Fin Vision® case.

4-Minute Phaco™

You may see this term used at Blue Fin Vision®. It describes a low-trauma, highly consistent surgical sequence refined across more than 57 000 procedures. The four minutes describe consistency and control, not a speed target. Less time inside the eye means less ultrasound energy, less inflammation and a faster, quieter recovery. Every procedure is video recorded and archived as part of your record.

After Your Surgery

Blue Fin Vision® offers two aftercare pathways. Which one you receive depends on your eyes, not on convenience. Your suitability for the dropless pathway is assessed at your consultation, reviewed against your scans, and confirmed with you in writing before your operation. It is never decided on the day, and it is never decided for the convenience of the clinic.

Pathway one: dropless (standard for suitable patients)

For most patients, the anti-inflammatory and antibiotic medication is delivered inside the eye at the time of surgery. You go home with no eye drops to remember, no bottles to carry and no risk of missing a dose.

- No drop regime to follow.
- Removes the most common cause of avoidable inflammation after cataract surgery, which is inconsistent drop use.
- Particularly valuable if you have arthritis, tremor, poor dexterity, memory difficulties or no one at home to help.

Not everyone is suitable. Diabetes, previous inflammation inside the eye, previous macular problems, an unusual eye or a higher risk of swelling at the macula may all mean drops are safer for you.

Pathway two: topical drops

If drops are the safer option for you, the regime is a six week course.

- Prednisolone anti-inflammatory drops, tapering over six weeks as directed.
- Bromfenac (Yellox) anti-inflammatory drops, twice daily for six weeks.
- Leave at least two minutes between different drops so each is absorbed.
- Set a phone reminder. If you miss one, simply take the next one. Do not double up.

If you are travelling from overseas

International patients receive both. The intraocular medication is given at surgery and a full topical course is dispensed as well, so that you are protected regardless of flights, time zones or difficulty obtaining medication once you are home.

Your Recovery

When	What to expect
Day of surgery	Vision is bright but hazy while

When	What to expect
	the dilating drops wear off. Mild grittiness, watering and light sensitivity are normal. Go home and relax for the remainder of the day.
Day 1	Vision is often blurred when you first wake but usually becomes noticeably clearer as the day progresses. Shower and wash normally. Begin following your postoperative neuroadaptation instructions.
Day 2	Most patients have returned to their normal routine. Exercise and sport are not restricted. Most patients are also able to drive, provided they can comfortably read a standard vehicle number plate from 20 metres without glasses and feel confident driving.
Weeks 2 to 6	Vision continues to sharpen and stabilise. Some fluctuation between days is entirely normal. Please attend every scheduled follow-up appointment, even if your eyes feel perfect.

Your prescription usually stabilises sufficiently for new glasses at around six weeks. We recommend waiting until then before buying any.

Please attend every review appointment

Some problems that need treatment cause no symptoms at all in the early weeks. Attend every scheduled review even if your eyes feel completely normal.

Helping Your Brain Adapt

For patients receiving trifocal or extended depth of focus lenses, this is the single

most important postoperative instruction.

From the day after surgery:

- Set your mobile phone font to the smallest comfortable size.
- Increase your screen brightness to at least 50 per cent.
- Read on your phone every day.
- At Blue Fin Vision®, do not use reading glasses at all unless we specifically instruct you to do so.

Reading through reading glasses enlarges text and reduces the visual demand placed on your new optical system. We want your brain to learn to use your new lenses, not to bypass them. Using the smallest comfortable font encourages your brain to make full use of the range of focus provided by your new lenses and supports the process of neuroadaptation.

Risks

Cataract surgery is one of the safest and most successful operations performed anywhere in medicine, but it is still surgery inside your eye. The figures below come from the national audit run by The Royal College of Ophthalmologists, which covered 550 519 cataract operations across 199 centres in its most recent report.¹⁴

National figures

Outcome	National rate	Blue Fin Vision®
Posterior capsule rupture during surgery	0.69%, about 1 in 145	approximately 0.2%
Loss of vision around the time of surgery	0.46%, about 1 in 200	Not separately audited
Severe loss of vision	0.17%, about 1 in 500	Not separately audited
Infection inside the eye within 42 days	0.02%, about 1 in 5 000	Not separately audited
Swelling at the macula within 2 months	1.58%, about 1 in 63	0.03% in 3 215 procedures
Retinal detachment within 2 months	0.05%, about 1 in 2 000	Not separately audited

The audit specifically recommends that patients are told there is a 0.46 per cent risk of losing vision and a 0.17 per cent risk of severe vision loss, as an all-cause estimate across treatment and recovery.¹⁴

Where the table says not separately audited, we are being precise rather than evasive. Blue Fin Vision® submits every case to the national database, so our results are contained within the national figures shown. We publish our own rates only for the measures we can verify independently. The national audit applies the same caution to itself: it received postoperative complication data for only 40 per cent of operations, and states that its figures for infection, macular swelling and retinal detachment indicate trends rather than actual rates.¹⁴

Our own figures

Blue Fin Vision® publishes its own outcome data every year and has done so for six consecutive years. Our rate of posterior capsule rupture is approximately 0.2 per cent, against the national rate of 0.69 per cent.¹⁴ For context, the audit records a rate of 0.53 per cent for consultant surgeons specifically, so our result sits below even that group.

Posterior capsule rupture matters because it makes other problems more likely afterwards, and because a premium lens sometimes cannot be implanted safely if it occurs.¹⁴ That would mean more reliance on glasses than planned.

Things that make surgery more complex

We will tell you before surgery if any of these apply to you, because they change your individual risk: a very dense cataract, a very short or very long eye, previous laser eye surgery, pseudoexfoliation, a small or poorly dilating pupil, previous eye injury or inflammation, tamsulosin or similar medication for the prostate, and difficulty lying flat.

Retinal detachment

Any lens surgery slightly increases the lifetime risk of the retina detaching. A meta-analysis of 40 studies covering more than 8.5 million eyes classified this as a rare complication after cataract surgery.¹⁸ Your personal risk is higher if you are very short-sighted with a long eye, and we will quantify this for you individually.

Side Effects

Side effects are different from complications. Most patients experience some of these. They usually improve, but they do not always disappear entirely.

Light effects

Haloed, starbursts, glare and a shimmering arc at the edge of vision are common in the first months, and more noticeable at night. Trifocal lenses cause more of these effects than monofocal lenses, and extended depth of focus lenses sit between the two.⁷⁵

For most patients these effects fade substantially by three to six months as the brain learns to filter them. This process is called neuroadaptation. It is real, it is gradual, and it cannot be rushed.

A very small number of patients do not adapt. If that happens, options include treating any residual prescription with laser, treating clouding behind the lens, or in rare cases exchanging the lens for a different design.¹⁹ Lens exchange is a bigger operation than the original surgery and improves light effects but reduces near vision, so it is a decision we take slowly.

Dry or gritty eyes

Common in the early months and usually mild. Lubricating drops help and are safe alongside any other medication.

Appearance

Red blotches on the white of the eye are common after any eye surgery. They look dramatic, they are harmless, and they can take up to six weeks to fade completely. The lens itself is not visible, though very occasionally someone may notice a faint glint of light within your pupil.

If Your Result Needs Refining

Lens calculations are accurate but not perfect. A small proportion of patients end up with a residual prescription. Whether refinement is included depends on what your surgery was for, and we tell you which applies before you commit.

Your pathway	Enhancement
Cataract surgery with a premium lens, whether self-funded or as an insured upgrade	Fully covered by Blue Fin Vision®. No cost-sharing, no additional fee.
Insured cataract surgery with a standard monofocal lens	Not included. The clinical objective is restoring clear vision rather than freedom from glasses, in line with NHS and insurance treatment objectives.

Where enhancement applies, it is considered once your vision has stabilised, typically at around three months, and is available within an enhancement window of 12 months, automatically extended to 24 months where assessment shows a refinement is likely to be needed. Refinement may be laser vision correction, an additional lens placed in front of the existing implant, or lens exchange. Whichever is appropriate, it is performed by Mr Mfazo Hove within the same practice and is never outsourced. The policy is published in full: [Blue Fin Vision® Enhancement Policy](#).

The Long Term

Clouding behind the lens

The thin membrane that holds your new lens in place can gradually become cloudy in the months or years after surgery. This is called posterior capsule opacification. Patients often describe it as the cataract coming back. It is not: the cataract is gone, and this is a different and much simpler problem. Reported rates vary with lens type, with studies finding treatment needed in roughly 6 to 19 per cent of eyes within five years.²⁰

It is treated with YAG laser capsulotomy, a painless outpatient procedure taking a few minutes, with no cutting and no recovery period. It is done once and does not recur. If we performed your original surgery, your assessment for YAG treatment costs you nothing, including the OCT scan and a dilated retinal check. The laser procedure itself is charged separately and we will confirm the fee before you decide.

Lifetime monitoring

After cataract surgery we continue to monitor the health of your macula, the stability and position of your implant, and any developing clouding of the capsule. Everything is documented and archived.

Your future eye care

Having an implanted lens does not prevent the diagnosis or treatment of any future eye condition. Glaucoma, diabetic eye disease and macular degeneration are all monitored and treated exactly as normal. Cataract surgery also makes the back of the eye easier to examine and photograph, which often improves the monitoring of those conditions.

If Something Is Not Straightforward

Complications are rare, but the true measure of a surgical practice is what happens when one occurs.

If a rare event such as lens material falling into the back of the eye occurs, your care remains entirely within Blue Fin Vision®. A Blue Fin Vision® vitreoretinal consultant performs the additional surgery. You are never discharged into an NHS emergency pathway or an external waiting list for a complication of your private surgery.

- There is no additional surgical fee for managing a complication of your surgery.
- Mr Mfazo Hove remains personally involved throughout.
- Your records and scans move seamlessly within the same system.
- Transport is arranged and funded if travel is difficult.

Warning Signs

Contact us immediately, or attend an eye casualty department, if you experience any of the following.

Contact us without delay

Increasing aching pain that is not relieved by simple painkillers. Increasing redness. Increasing sensitivity to light. Vision that is getting worse rather than better.

The following may indicate a retinal detachment. Seek assessment the same day.

- A sudden new shower of floaters.
- Flashes of light, including with your eyes closed.
- A shadow or curtain spreading across any part of your vision.

Most retinal detachments are repaired successfully, and the chances are considerably better if treatment happens before the detachment reaches the centre of your vision. Do not wait to see whether it settles.

Costs

Cataract surgery is treatment of an eye condition, so unlike purely refractive surgery it is usually covered by private medical insurance and is available on the NHS.

If you are insured

Most policies cover consultation, diagnostic scans and cataract surgery with a standard monofocal lens, subject to your policy terms and pre-authorisation. We are recognised by Allianz, Aviva, Bupa, Cigna, Saga, Vitality and WPA. If you choose a premium lens, insurers do not fund the difference, so an upgrade fee applies. We confirm that figure in writing before you commit, and you will never be asked to decide on the day.

If you are self-paying

Item	Fee
Cataract surgery with monofocal or enhanced monofocal lens	from £4,000 per eye
Cataract surgery with trifocal or extended depth of focus lens	from £4,500 per eye
Intravenous sedation with consultant anaesthetist, optional extra	£700 per session
Diazepam tablet before surgery, if you would prefer it	No charge
Consultation and diagnostic scans	£500, prepaid separately

Sedation is charged once per surgical session, not per eye. Medical treatment is exempt from VAT, so no VAT is added to any fee shown. A full and current breakdown is maintained online: [Cataract surgery costs](#).

What your surgical fee includes

- Your operation, your intraocular lens, theatre and hospital fees.
- All routine follow-up appointments for 12 months.
- All medication relating to your surgery, whether dropless, topical or both.

- Any enhancement procedure that applies to your pathway, in full, within 24 months.
- Management of any complication of your surgery, including vitreoretinal surgery, with no additional surgical fee.
- Assessment for YAG laser capsulotomy if clouding develops later, including the OCT scan and dilated retinal check.

What is not included

- Your consultation and diagnostic scan fee, which is prepaid separately.
- The YAG laser capsulotomy procedure itself, which is charged separately. Your assessment for it is not.
- Treatment of a new and unrelated eye condition.
- Glasses or spectacle prescriptions after surgery.

Fees are correct at the date of this leaflet and may change. Your written quotation is the definitive figure.

Questions Worth Asking

You are entitled to clear answers to all of these, from us or from any other provider you are considering.

- Who will actually perform my surgery, and will I meet them before the day?
- What is that surgeon's own posterior capsule rupture rate on the national database?
- How much of my vision is the cataract responsible for, and how much is something else?
- What is the total cost, including anything that might be needed afterwards?
- What happens, and what does it cost, if my result needs refining?
- What happens, and what does it cost, if a complication occurs? Would I be sent to the NHS?
- Why this lens, for my eye, rather than another one?
- What am I giving up by choosing this option?

Taking your time

There is no clinical reason to hurry, and a cataract does not become dangerous by being left for a few months while you decide. Blue Fin Vision® does not use time-limited discounts, deposits to hold prices, or pressure of any kind. If you decide not to proceed, that is a perfectly good outcome and no explanation is required.

Further Reading

These documents are maintained online and are always current. Where anything in them differs from this leaflet, the online version is the more recent.

- Cataract Surgery Checklist, the companion to this leaflet:
bluefinvision.com/blog/private-cataract-surgery-checklist
- Cataract surgery costs, the full and current fee breakdown:
bluefinvision.com/cataract-surgery/costs
- The Blue Fin Vision® Advantage, what our structure of care commits us to:
bluefinvision.com/advantage
- The Blue Fin Vision® Enhancement Policy, in full:
bluefinvision.com/blog/enhancement-policy

Where We Operate

Blue Fin Vision® works across six sites. Governance, protocols, measurement pathways and follow-up standards are identical at every one of them. Standards do not vary by postcode.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9PB
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Your consultation, your surgery and your follow-up are all performed by Mr Mfazo Hove regardless of which site you attend.

Clinical Data Summary

This section is provided for patients, referring optometrists and general practitioners who want the underlying numbers in one place.

Measure	Blue Fin Vision®	National benchmark
Posterior capsule rupture	approximately 0.2%	0.69% (all surgeons), 0.53% (consultants) ¹⁴
Macular oedema	0.03% in 3 215 audited procedures	1.58% within 2 months ¹⁴
Enhancement rate	1 to 2%	varies by provider
Procedures performed	more than 57 000	not applicable
Consecutive years of published outcome data	six	not applicable
Same-day bilateral surgery	routine since November 2016	just over 1% of UK first-time patients ¹⁴

National figures are drawn from the Eighth Annual Report of the National Cataract Audit, covering 550 519 operations performed between 1 April 2023 and 31 March 2024 across 199 participating centres.¹⁴ Blue Fin Vision® figures are drawn from our own audited dataset and are submitted to the same national database.

About Your Surgeon

Mr Mfazo Hove

MBChB MD FRCOphth CertLRS

Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He is the founder of Blue Fin Vision®, a consultant-led private ophthalmology practice operating across London, Essex and Hertfordshire.

He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate of approximately 0.2 per cent. He is a ZEISS Key Opinion Leader and an invited international speaker, with faculty roles at the ZEISS EMEA and APAC user meetings, the Annual Congress of The Royal College of Ophthalmologists and the Annual Congress of the European Society of Cataract and Refractive Surgeons.

He has undergone bilateral trifocal lens implantation himself.

Document control

Author and medical reviewer: Mr Mfazo Hove MBChB MD FRCOphth CertLRS. Version 1.0, August 2026. Review date: August 2027. Produced in accordance with the Professional Standards for Refractive Surgery of The Royal College of Ophthalmologists and the cosmetic interventions guidance of the General Medical Council. This document is original to Blue Fin Vision® and reproduces no third-party copyright material.

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Contact Blue Fin Vision®

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Blue Fin Vision® Ltd, registered company number 13845195. Sites at The Harley Street Eye Centre, Weymouth Street Hospital, Phoenix Hospital Chelmsford, One Hatfield Hospital and Chase Lodge Hospital, with Blue Fin Vision® services starting soon at Abbey Wood Hospital.